

102
 MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

101587254

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
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| 10 | | | | | | |
| 11 | | | | | | |
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| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | | |
| 30 | 1 | | | | | |
| 31 | 1 | | | | | |
| 32 | 1 | | | | | |
| 33 | 1 | | | | | |
| 34 | 1 | | | | | |
| 35 | 1 | | | | | |
| 36 | 1 | | | | | |
| 37 | 1 | | | | | |
| 38 | 1 | | | | | |
| 39 | 1 | | | | | |
| 40 | 1 | 1 | | | | |
| 41 | 1 | 1 | | | | |
| 42 | 1 | 1 | | | | |
| 43 | 1 | 1 | | | | |
| 44 | 1 | 1 | | | | |
| 45 | 1 | 1 | | | | |
| 46 | 1 | 1 | | | | |
| 47 | 1 | 1 | | | | |
| 48 | 1 | 1 | | | | |
| 49 | 1 | 1 | | | | |
| 50 | 1 | 1 | | | | |
| TOTAL IND. | | | ↓ | ↓ | ↓ | |
| TOTAL DEP. | ← | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | 1 | | | | | |
| 52 | 1 | | | | | |
| 53 | 1 | | | | | |
| 54 | 1 | | | | | |
| 55 | 1 | | | | | |
| 56 | 1 | | | | | |
| 57 | 1 | | | | | |
| 58 | 1 | | | | | |
| 59 | 1 | | | | | |
| 60 | 1 | | | | | |
| 61 | 1 | | | | | |
| 62 | 1 | | | | | |
| 63 | 1 | | | | | |
| 64 | 1 | | | | | |
| 65 | 1 | | | | | |
| 66 | 1 | | | | | |
| 67 | 1 | | | | | |
| 68 | 1 | | | | | |
| 69 | 1 | | | | | |
| 70 | 1 | | | | | |
| 71 | 1 | | | | | |
| 72 | 1 | | | | | |
| 73 | 1 | | | | | |
| 74 | 1 | | | | | |
| 75 | 1 | | | | | |
| 76 | 1 | | | | | |
| 77 | 1 | | | | | |
| 78 | 1 | | | | | |
| 79 | 1 | | | | | |
| 80 | 1 | | | | | |
| 81 | 1 | | | | | |
| 82 | 1 | | | | | |
| 83 | 1 | | | | | |
| 84 | 1 | | | | | |
| 85 | 1 | | | | | |
| 86 | 1 | | | | | |
| 87 | 1 | | | | | |
| 88 | 1 | | | | | |
| 89 | 1 | | | | | |
| 90 | 1 | | | | | |
| 91 | 1 | | | | | |
| 92 | 1 | | | | | |
| 93 | 1 | | | | | |
| 94 | 1 | | | | | |
| 95 | 1 | | | | | |
| 96 | 1 | | | | | |
| 97 | 1 | | | | | |
| 98 | 1 | | | | | |
| 99 | 1 | | | | | |
| 100 | 1 | | | | | |
| TOTAL IND. | 5 | | ↓ | ↓ | ↓ | |
| TOTAL DEP. | 6 | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | 71 | | | | | |

20/2

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587254

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|-----|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 101 | | / | | | | | 151 | | | | | | |
| 102 | | / | | | | | 152 | | | | | | |
| 103 | / | | | | | | 153 | | | | | | |
| 104 | / | | | | | | 154 | | | | | | |
| 105 | / | | | | | | 155 | | | | | | |
| 106 | / | | | | | | 156 | | | | | | |
| 107 | / | | | | | | 157 | | | | | | |
| 108 | / | | | | | | 158 | | | | | | |
| 109 | / | | | | | | 159 | | | | | | |
| 110 | / | | | | | | 160 | | | | | | |
| 111 | / | | | | | | 161 | | | | | | |
| 112 | / | | | | | | 162 | | | | | | |
| 113 | / | | | | | | 163 | | | | | | |
| 114 | / | | | | | | 164 | | | | | | |
| 115 | / | | | | | | 165 | | | | | | |
| 116 | / | | | | | | 166 | | | | | | |
| 117 | / | | | | | | 167 | | | | | | |
| 118 | / | | | | | | 168 | | | | | | |
| 119 | / | | | | | | 169 | | | | | | |
| 120 | / | / | | | | | 170 | | | | | | |
| 121 | / | | | | | | 171 | | | | | | |
| 122 | / | | | | | | 172 | | | | | | |
| 123 | / | | | | | | 173 | | | | | | |
| 124 | / | | | | | | 174 | | | | | | |
| 125 | / | | | | | | 175 | | | | | | |
| 126 | / | | | | | | 176 | | | | | | |
| 127 | / | | | | | | 177 | | | | | | |
| 128 | / | | | | | | 178 | | | | | | |
| 129 | / | | | | | | 179 | | | | | | |
| 130 | / | | | | | | 180 | | | | | | |
| 131 | | / | | | | | 181 | | | | | | |
| 132 | | / | | | | | 182 | | | | | | |
| 133 | | / | | | | | 183 | | | | | | |
| 134 | | / | | | | | 184 | | | | | | |
| 135 | | / | | | | | 185 | | | | | | |
| 136 | | / | | | | | 186 | | | | | | |
| 137 | | / | | | | | 187 | | | | | | |
| 138 | | / | | | | | 188 | | | | | | |
| 139 | | / | | | | | 189 | | | | | | |
| 140 | | / | | | | | 190 | | | | | | |
| 141 | | / | | | | | 191 | | | | | | |
| 142 | | / | | | | | 192 | | | | | | |
| 143 | | / | | | | | 193 | | | | | | |
| 144 | | / | | | | | 194 | | | | | | |
| 145 | | / | | | | | 195 | | | | | | |
| 146 | | / | | | | | 196 | | | | | | |
| 147 | | | | | | | 197 | | | | | | |
| 148 | | | | | | | 198 | | | | | | |
| 149 | | | | | | | 199 | | | | | | |
| 150 | | | | | | | 200 | | | | | | |
| TOTAL IND. | 5 | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | | |
| TOTAL CLAIMS | 46 | | | | | | | | | | | | |